## PATENT APPLICATION SECOND

Effective October 1, 2000

| hication or Docket Number |
|---------------------------|
| 09/701961                 |

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                  |                                   |              |                   |                     | SMALL ENTITY |                        |            | OTHER THAN |                        |
|--|---|---|------------------|-----------------------------------|--------------|-------------------|---------------------|--------------|------------------------|------------|------------|------------------------|
| TOTAL CLAIMS   |   |   | 100101111        | (Goldmir Y)                       |              | (Column 2)        |                     | TYPE         |                        | OR<br>7 I  |            |                        |
| FOR  |   |   | A" IMPED         | 5" 5D                             | 2.27         |                   | · -                 | RATE         | FEE                    | 4          | RATE       | FEE                    |
|  |   |   | NUMBER FILED     |                                   | NUMBER EXTRA |                   | ВА                  | SIC FEE      |                        | OR         | BASIC FEE  | 860                    |
| -  | OTAL CHARGE   |   | // minus 20=     |                                   | •            |                   |                     | (\$ 9=       |                        | OR.        | X\$18=     |                        |
| ┞  | DEPENDENT C   |   | 1 /              | inus 3 =                          |              |                   | ,                   | <b>(40=</b>  |                        | OR         | X80=       |                        |
| <u> </u>   |   | NDENT CLAIM P                             |                  |                                   |              |                   | +                   | 135=         |                        | OR         | +270=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                  |                                   |              | T                 | OTAL                |              | OR                     | TOTAL      | 860        |                        |
| CLAIMS AS AMENDED - PART II  |   |   |                  |                                   |              |                   |                     |              |                        | ]          | OTHER      | THAN                   |
| r  | T   | (Column 1)                                | * : :            | (Colur                            |              | (Column 3)        | SI                  | JALL         | ATITY                  | OR         | SMALL E    |                        |
| AMENDMENT A  | \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA  | R                   | ATE          | ADDI-<br>TIONAL<br>FEE |            | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | ·   | Minus            | **                                |              | =                 | ×                   | \$ 9=        |                        | OR         | X\$18=     |                        |
| AM   | Independent   | NTATION OF MU                             | Minus            | ***                               | CLAIM        | =                 | X                   | 40=          |                        | OR         | X80=       |                        |
|  |   | 1477.11011.01.11.11                       | )LIII EL DE.     | CHOCKI                            | CLAIN        |                   | +1                  | 35=          |                        | OR         | +270=      | "                      |
|  |   |   |                  |                                   |              |                   |                     | TOTAL        |                        | L          | TOTAL      |                        |
|  |   | (Column 1)                                | ADDI             | T: FEE L                          |              | μ μ               | ADDIT. FEE          |              |                        |            |            |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | far y            | HIGHI<br>NUME<br>PREVIC<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA  | R                   | ATE          | ADDI-<br>TIONAL<br>FEE |            | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total   |   | Minus            | **                                |              | =                 | XS                  | § 9=         |                        | OR         | X\$18=     |                        |
| AME  | Independent   | <u> </u>                                  | Minus            | ••                                |              | =                 |                     | 40=          |                        |            | X80=       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                                   |              |                   |                     |              |                        | OR         |            |                        |
|  |   |   |                  |                                   |              |                   |                     | 35=          |                        | OR         | +270=      |                        |
|  |   |   |                  | TOTAL<br>T. FEE                   |              | OR ,              | TOTAL<br>ADDIT. FEE |              |                        |            |            |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                  |                                   |              |                   |                     |              |                        |            |            |                        |
| AMENDMENT C  | erjeljege i k   | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA  | R/                  | ATE          | ADDI-<br>TIONAL        |            | RATE       | ADDI-<br>TIONAL        |
|  | Total   |   | Minus            | **                                | 0.1          | =                 |                     | 6 9=         | FEE                    | , <u> </u> | V#10       | FEE                    |
|  | Independent   |   | Minus            | ***                               |              | =                 | <b>├</b>            |              |                        | OR         | X\$18=     |                        |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                                   |              |                   | X.                  | 40=          |                        | OR         | X80=       |                        |
| +135=  |   |   |                  |                                   |              |                   |                     |              |                        | OR         | +270=      |                        |
| 1  | If the "Highest Nur   | mber Previously Pa                        | aid For" IN THIS | S SPACE IS                        | s less that  | n 20. enter "20." |                     | TOTAL        |                        | OR ,       | TOTAL      |                        |
| -  | ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |                                   |              |                   |                     |              |                        |            |            |                        |